Inder the Paperwork Redu	ction Act of 1995, no person APPLICATION FE	s are required to respond to DETERMINATION	U.S. Patent and Tra a collection of Info N RECORD	mation unles	Applicati	on or Dockel Nu	mber .
	Substitute			NITITY	OR	OTHER SMALL !	THAN
APPLICATION AS FILED - PART (COlumn 1)					1 [RATE (S) FEE (S)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (3)	FEE (S)	1 [
NASIC FEE 37 CFR 1.16(a), (b), or (c))]		1
SEARCH FEE 37 CFR 1.15(K), (i), or (m))				·			
EXAMINATION FEE 37 CFR 1.16(o), (p), or (q))			=		DR	x =	
TOTAL CLAIMS	minus 20 =	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	┪ ̄	X =	
(37 CFR 1.16(1)) INDEPENDENT CLAIMS	minus 3 =		× =	 		 	-
(37 CFR 1.16(h))		drawings exceed 100	[]	1	.		\ ·
APPLICATION SIZE	sheets of paper, the a	n Sho for each	1 1				
FEE (37 CFR 1.16(s))	additional 50 sheets	or fraction thereof. See			_{	<u> </u>	
	35 U.S.C. 41(a)(1)(3	and or other	1	}	1		
MULTIPLE DEPENDENT	CLAIM PRESENT (37 CFR	1.16())	J L			TOTAL	<u> </u>
es — in colu	nn 1 is less than zero, enter	"0" in column 2	TOTAL	<u> </u>			
If the difference in	ATION AS AMENDEI	- PART II				OTL	ER THAN
APPLIC	ATION AS AMENDE		. CMAI	T ENLILA	OF	SMA	T ENLILA
10/25/0	Column 1)	(Column 2) (Column 3	٠, ١		7	RATE (5)	· ADDI-
1/2/	CLAIMS REMAINING	HIGHEST PRESENT	RATE (\$	TIONA	L i	(0.11= (1)	TIDNAL FEE (\$)
	AFTER MENDMENT	PAID FOR	_	FEE (S			-
Total	2/2 Minus	52	⊿ ×	=	1 95	* <u>* </u>	
(27 CFR 1.16(1))	Minus	11 = /	x	=	/ 0!	₹ <u> ×</u> _/	
ラ (D7 CFR 1.15和)	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4	/	
Application Size	ee (37 CFR 1.16(s))	77 CFR 1.16(D)	11		ò	/	
FIRST PRESENTAT	TION OF MULTIPLE DEPENDE	NI COMM (5) C.	TOTAL ADD'L FI		9	TOTAL R ADD'L FE	E
		•	ADDLF				
	(Column 1)	(Column 2) (Column	3)	<u> </u>		RATE (s) ADDI-
-	CLAIMS	HIGHEST PRESE		אסוד ן	IAL	1 2012	TIONAL FEE (\$)
m a	REMAINING AFTER	PREVIOUSLY EXTR. PAID FOR		FEE	(5)		
Е Ш Total	AMENDMENT Minus	. =	×	=	'	DR X	_=
(37 CFR 1.15(7))	Minus	··· =	×	=	(OR X	_=
(17 CFR 1.15(1)) Independent		L				<u> </u>	
	Fee (37 CFR 1.16(s))	ENT CLAIM (37 CFR 1.16(D)				OR	
FIRST PRESENT	ATION OF MULTIPLE DEPEND	ENT CLAIM (37 CFR 1.16(I))	TOTAL			OR ADD'L F	EE
	•		ADD'L	FEE			l
A Michaela In S	olumn 1 is less than the en	ry in column 2, write "0" in c	olumn 3. an 20, enter "20".		•		
• g the entry in c	Number 7 Testandy Poid Fo	IN THIS SPACE IS IESS UI	and a sumber f	ound in the ap	propriate t	oox in column 1.	ie to Gle (and b
	MINISTER I TOTAL	(Total or Independent) is the	e manual name	a crietain a	benefit by	the public which	מינים אם ווים (מינים בי
*** If the "Highest h	Umber Fredrick	CFR 1.16. The information is governed by 35 U.S.C. completed application forms form and/or suggestions to therce, P.O. Box 1450, Alexa	s required to obtain	4 This collec	tion is esti	mated to take 1	2 minutes to confi